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ABSTRACT

A review of the history of associate degree nursing (ADN) education is presented, along with a discussion of contemporary problems faced by ADN educators. The paper first notes the practical, hospital-based nature of early nursing education programs; reviews early studies calling for school-based programs to prepare nurses for different levels of practice; examines the beginnings of ADN education as the first planned experiment in nursing education; and traces the impact of community colleges on ADN programs and on nursing education in general. Next, the paper discusses challenges facing today's ADN programs: (1) the recommendation of the American Nurses Association that two practitioner categories, technical and professional, be identified and titled by 1980; (2) the lack of consensus concerning the appropriate scope of practice and the requisite competencies of ADN graduates; (3) the ANA recommendation that state licensing for practice be limited to those holding the bachelor's degree; (4) economic constraints on ADN programs; (5) the need for staff development in ADN programs; (6) the increased difficulty involved in securing clinical experience for students at area hospitals; and (7) the need for articulation with baccalaureate programs. After noting the licensing and vocational success of ADN graduates, the paper concludes with the assumption that ADN programs will continue to exist in the face of contemporary challenges. (HB/JP)

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THE PAST, THE PRESENT, AND THE FUTURE OF ASSOCIATE DEGREE NURSING EDUCATION

Donna M. Arlton

Paper presented at the "Associate Degree Nursing Education: Past, Present, and Future" Conference (Mesa, AZ, November 18, 1981 and Tucson, AZ, November 19, 1981).

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The Past, The Present and The Future
of Associate Degree Nursing Education
By Donna Arlton

My topic today is the past, the present and the future of Associate Degree Nursing. I want to share with you some of its history, its challenges and some perspectives on its future direction.

Theorists writing about planned change have indicated that change occurs slowly, that it is most often stressful and brings with it uncertainty for the future. I think that most of us would agree with this statement. However, phenomenally rapid change has occurred in all segments of our society in recent years and nursing has not been exempt. One major change that has occurred in nursing education over the past thirty years is the development of associate degree nursing education - a development which began back in 1952.

To clearly understand associate degree nursing education and the problems and issues surrounding it, we need to understand past changes in the profession and in education.

The Past

Historical Background

Nurse educators agree that nursing should provide the same kind of preparation for its practitioners as do other professions; however, we do not seem to be able to agree as to what kind of preparation is the most effective and educationally sound. This disagreement extends back to the earliest years of nursing education.

Some of the earliest schools of nursing in America began as one year programs. Soon they became two year and then three year programs. By 1900, the general pattern of nursing education was a three year

hospital-based program, a pattern that persisted into the 50's. The reason cited for the time extension of these programs was that students needed more experience. Most of the classroom teaching took place during the first year and decreased considerably during the second and third year. It was not unusual for students in the second year of their program to receive two lectures a week, often given by the physician, and to spend the rest of their time assigned to the hospital wards. The students' clinical experiences were dictated chiefly by the needs of the hospital, not by a set of educational objectives (Rhines, 1977). Ginzberg, in 1948, pointed out that this type of nursing education program was repetitive and frequently of poor quality.

The outbreak of World War II accelerated an already acute shortage of nursing. As a result, nursing education was escalated and schools significantly increased their enrollments. Congress passed the Bolton Act from which the Cadet Nurse Corps was created. This act required that all nursing programs receiving its funds complete all necessary theory and instructional practice in two and one half years. An additional period of time, 6 months or less, was spent in civilian government hospitals with supervision and some instruction.

During this period of time, Dr. Montag, the future developer of associate degree nursing education, developed an innovative cadet corps program designed to fit within the structure of a college system. This program combined general education and nursing education courses. It's faculty and students enjoyed the same privileges and met the same college standards as their colleagues. This experience and the experiences of other Cadet Nurse Corps programs made it evident that nurses could be prepared in quality schools in less than three years.

During this same period of time, many practical nurses were pressed into service in hospitals. These were women who had learned nursing by doing. They had provided simple nursing care in their own homes and some had taken home nursing courses. They performed many tasks in the hospital which were formerly done by registered nurses.

As a result of all these situations, the need for re-assessment of nursing functions and preparation for practice was clear and several nursing studies were undertaken. Studies by Dr. Esther Lucile Brown, (1948), the Ginzberg Committee on Nursing Functions, (1948) and Dr. Mildred Montag, (1951) noted the existence of three different types of nursing programs, i.e., baccalaureate, diploma, and practical nursing programs. These studies also noted the confusion about the functions of each. All three studies recommended that there be two types of nursing: the practical or technical and the professional. Dr. Brown (1948) recommended that registered nurses be educated in community colleges or regional schools of nursing rather than in hospitals. The Ginzberg Committee on Nursing Functions (1948) recommended shortening programs for registered nurses.

Dr. Montag distinguished between technical and professional nursing education. She noted that practical nurse education represented only minimal education and was directed at care of the mildly ill, chronically ill and relatively well children and aged persons. She believed that neither program was preparing its graduates adequately and recommended that it was desirable that separate and distinct programs be set up for these workers (professional and technical) in order to prepare each group adequately . . ."(Montag, 1951, p. 69). Dr. Montag recommended the title "nurse technicians" to designate the sub-professional nurse and

she rejected the title "practical nurse" because she felt it had unfortunate connotations which would be difficult to change.

Dr. Montag's view was supported by McManus in 1950. McManus divided nursing functions into three categories ranging from the simplest performed by the mother and others to the most complex functions requiring a degree of skill and expertise that could be developed only with considerable training. She noted that a large proportion of nursing functions fall into the middle range of semi-professional or technical functions and that organized instruction for the functions could be more economically provided in schools than on the job.

During this same period of time, an experimental two year program was being conducted at the Metropolitan School of Nursing at Windsor, Ontario in Candada. The purpose of the project was to determine whether or not a professional nurse could be adequately prepared in less than three years(Lord, 1952). The conclusion of the study stated "when a school has complete control of students, nurses can be trained at least as satisfactorily in two years as in three years and under better conditions: (p. 54).

All the aforementioned, the shortage of nurses, the Cadet Nurse Corps, the cited studies, the differentiation of nursing functions and the experimental program in Canada paved the way for a new kind of technical nursing education. This ties in with the Community College Movement.

Community College Movement

The community college system which was already providing technical level education for other areas was a logical choice for the development of technical nursing education. Because many community colleges already

offered basic science and humanistic courses for students enrolled in diploma nursing programs, they quickly became attuned to associate degree nursing education needs. Community college education served a vital need in American education. In addition to offering transfer programs to senior colleges and universities, community colleges provided access to higher education for all who pursued it regardless of age, creed, race or marital status.

The American Association of Junior Colleges and the National League for Nursing established separate committees to study the contribution of community colleges to nursing education in 1949. From these two committees emerged an advisory committee charged to conduct research on nursing education in the community college. Dr. Montag was director of the Cooperative Research Project administered by the Institute of Research and Service in Nursing Education at Teachers' College at Columbia University. One diploma school and seven community colleges participated. When the project was completed in 1957, the conclusion was reached that it was possible to prepare nurse graduates in two years who would: 1) Qualify for the registered nurse license; 2) meet the requirements for the associate degree and perform technical functions at the beginning level and 3) be prepared to function as beginning practitioners and become competent nurses (Anderson, 1966). These same three objectives laid the foundation for much of the confusion and controversy surrounding associate degree nursing today.

After the Cooperative Research Project was concluded, the NLN assisted other community colleges to develop nursing programs and the Kellogg Foundation provided funds to assist institutions to plan nursing programs and to obtain consultation. It also established demonstration

centers and teacher education programs in state universities in New York, Florida, Texas, and California (Anderson, 1966). Community college nursing programs grew in number from two in 1952 to 642 in 1976 by which time some leveling off had occurred.

Nursing Education Innovation

Nursing as an occupation requiring a specific education program is a little more than 100 years old; associate degree nursing education represents about one fourth of that length of time. In some respects, it has had an auspicious beginning for it is the first nursing education program to be developed based on experimentation and research.

During the first twelve years of their existence, nursing programs in community colleges were carefully developed with the assistance of education consultants from nursing and other disciplines, and with information provided by the follow-up of graudates. The result of these efforts was a curriculum with fewer nursing courses that still included learning experiences necessary to fulfill both licensing board requirements and the needs of clients. In addition, general education course content was studied. The importance of teaching according to behaviorally stated nursing objectives was stressed. In fact, associate degree nursing programs served as the setting wherein nursing education based on learning objectives was tested. Today, all nursing programs are designed based on a hierarchy of stated objectives.

The community college movement in nursing education strongly affected the composition of students in nursing programs. Prior to this time, nursing students were a homogeneous group ranging in age from 18 to 35. Most nursing students were single, white and female. In 1979, slightly more than eleven percent of all newly licensed associate degree nurses

were over 39 years of age. Figures for 1978 indicated that over 55 percent of all Associate Degree nurse graduates were married and 58 percent had children at home; almost ten percent were black, hispanic or oriental; and a little over six percent were men. Community College programs tend to attract older persons, married men and women, and members of minority groups. There are fewer students from large cities and two thirds come from families with low incomes.

Another contribution to nursing education made by the community college movement in nursing education was the development of audio-visual instruction. Its first use was to adapt teaching to the wide range of student abilities. Closed circuit television and programmed instruction were introduced in the community college nursing program in 1963 (Seeder, 1963) and later adapted by diploma and baccalaureate programs in nursing. As some of you here today can attest, the nursing education experimentation just described has resulted not only in modification of diploma and baccalaureate nursing education, but has also affected teaching in other disciplines in our colleges and universities as well.

The basic premise on which associate degree nursing education was based was that the functions of nursing can and should be differentiated and that programs preparing for these different functions could and should be developed. Nursing could then be represented by a continuum with one extreme signifying the large proportion of nursing functions carried out by associate degree nurses and the other extreme signifying the most complex nursing functions carried out by baccalaureate degree prepared nurses. The associate degree nursing program thus became "The first nursing program to be deliberately planned, rather than being the result of historical accident. It is the first program to begin by experimentation" (Montag, 1972).

The Present

Challenges

The problems which face associate degree nursing programs today are not new problems. They are recurring problems, some of which have been intensified by the controversy over the American Nurses Association proposals on entry into practice. If nursing education, and particularly, associate degree nursing education, is to survive, these recurring problems need to be seriously addressed and some resolutions need to be made. The first of these challenges is titling.

Titling

The first position paper by the American Nurses Association on the nature and scope of practice, i.e., professional and technical, and on the type and quality of education needed by nursing practitioners was published in 1965. The ANA position was that minimum preparation for beginning professional nursing practice should be the baccalaureate degree in nursing and minimum preparation for beginning technical nursing practice should be associate degree education in nursing. This position paper gave recognition to the growth and effectiveness of ADN education, and Montag has stated that it made the ANA position paper possible (Montag, 1980).

To assist implementation of the 1965 position paper, the ANA House of Delegates passed Resolution #56 in 1978. This resolution stated that two categories of nursing practice be clearly identified and titled by 1980 and that by 1985 the minimum preparation for entry into professional nursing be the baccalaureate degree (ANA, 1978). Resolution #56 is believed by Montag to be advantageous for ADN programs. She believes that the failure of ADN education to accept the term, technician, and their

insistence on the notion of professionalism have worked against the implementation of the position paper. Both the 1965 ANA position paper and the 1978 ANA resolution on entry into practice speak of two levels of nursing practice: technical and professional. There is, however, no consensus on what the practitioner at either level should be called. DeChow (1977) and McGriff (1980) supported the idea that graduates of baccalaureate programs be given a separate licensing examination and the title "Independent Nurse" (I.N.) and that other registered and practical nurses retain their titles and licenses.

The titles "Nurse" and "Nurse Associate" were debated briefly at the 1980 ANA Convention, but action was deferred until the House of Delegates receives the ANA statement on competencies at a future date (ANA, 1980, p. 429).

It is my own belief that a major stumbling block to acceptance of these resolutions by ADN nurses and nurse educators is the use of the words technical and professional. These terms are presently not acceptable to many nurses who may otherwise agree on the need for two levels of nursing practice. A second challenge is the entry into practice issues.

Entry into Practice: Scope of Practice

In 1959 Montag described the associate degree graduate as a "bedside nurse". This term was meant to imply certain limitations of activity which differentiated the role of this nurse from that of the nurse with broader professional preparation (Montag, 1959, p.2). However, Montag maintains that today there seems to be a tendency to teach associate degree students everything and that some programs even include courses in leadership (Montag, 1980, p. 250).

In September 1980, a position statement on associate degree nursing education was prepared by the Executive Committee of the Council of Associate Degree Programs. In this statement, nursing practice is identified as having three components: vocational, technical, and professional. An appropriate level of education is identified for each. The text for technical nursing practice reads as follows:

> "For technical nursing practice, the Council believes that the minimum education requirement is the associate degree. Practitioners holding this degree are prepared to become accountable health care providers, able to care for the common health problems of clients in a complex technological environment. The scope of technical practice centers on direct client care and is defined by the roles of the care provider -- client teacher, communicator, manager of client care and member within the profession of nursing (NLN, 1980)."

Nurses are still struggling with the scope of practice issue. There are many who believe that the complexity of the health care system mandates diversity of nursing preparation in order to deliver the wide range of services needed by the public (Blaney, 1979).

Verle Waters, a well recognized leader among associate degree nurse educators, in a speech to the National Conference on Entry into Nursing Practice said, "Despite efforts thus far, nursing has not yet defined and established two separate (identifiable) practitioners and corresponding practice; as a total group nurses have not had their heart in it, because we have yet to develop a plan which doesn't make large segments of the profession feel discounted" (Waters, 1978).

In addition, a 1979 article by Lee in the RN Journal reported that in a special poll of 10,000 nurses, 72 percent opposed the division of nursing into technical and professional categories (Lee, 1979). They favored a career ladder concept that would allow mobility within the profession and would allow several basic education options for entering nursing.

Entry into Practice: Competencies

It appears there is a lack of consensus on the scope of practice for the associate degree nurse. There is also a lack of consensus on the competencies needed by this nurse on entry into practice. In 1979, the NLN published a statement entitled "Competencies of the Associate Degree Nurse on Entry into Practice" (NLN, 1979, p. 13). This statement of competencies, which took 14 months to prepare, was the NLN's attempt to delineate associate degree nurse competencies for entry into practice. Input for this document was obtained from ADN nurse educators, nursing service personnel, state nursses associations, and state boards of nursing.

A competency was defined as "A demonstrated cognitive, affective and/or psychomotor capability derived from the activities of the associate degree nurse in the various roles in the practice setting" (NLN, 1979, p. 14). Peterson states that nursing competencies must be derived from an analysis of practice and observation of the expert practitioner. They cannot be someone's arm chair idea of what is relevant (Peterson, 1978, p. 6). Allen states that faculty in ADN programs need to provide opportunities for representatives from clinical agencies to participate in the identification and validation of nursing competencies (Allen, 1978, p. 10).

A 1978 clinical competencies study sponsored by the National Council of State Boards of Nursing examined the clinical behaviors of graduates of associate degree, diploma and baccalaureate nursing programs. This study, which provided the basis for the recent revision of the State Board Test Pool Examination, revealed that the behavior of AD and diploma nurses followed the same general pattern while the baccalaureate behavior profile was clearly different (Jacob, et.al., 1978). The difference supported traditional distinctions between associate degree and baccalaureate prepared nurses. This information may be useful in the development of separate licensure examinations for associate degree and baccalaureate level nurses and for formulating statutory definitions of these two levels of nursing. The third challenge deals with credentialing.

Credentialing

The Study of Credentialing in Nursing: A New Approach was published by the ANA in 1979. This study is particularly important to nursing because it covers nursing accreditation, certification, academic degrees and licensure. Of particular importance to our discussion today is the credentialing mechanism of licensure which was defined by the Department of Health, Education and Welfare as:

> "The process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected" (DHEW, 1977).

Each state grants an initial license to practice nursing within the state to an individual who has graduated from a board approved nursing program and who has achieved a satisfactory score on the National State

Board Test Pool Examination. This examination is taken by all associate degree, diploma and baccalaureate nursing graduates. All who successfully pass the examination use the title "Registered Nurse".

Recognition of licensure among the states occurs through the process of endorsement. A state board of nursing will grant a license by endorsement of the original license from another state if the applicant meets the state requirements for licensure. Licenses are renewed automatically upon payment of a fee to the state government; however, in some states, evidence of continuing education is a condition of re-licensure. Licenses may be revoked through violation of the state's nurse practice act.

A new expanded definition of licensure is recommended in the credentialing study. It reads as follows:

> "Licensure is a process by which an agency of state government grants permission to individuals accountable for the practice of a profession and prohibits all others from legally doing so. It permits use of a particular title. Its purpose is to protect the public by ensuring a minimum level of professional competence. Established standards and methods of evaluation are used to determine eligibility for initial licensure and for periodic renewal. Effective means are employed for taking action against licensees for acts of professional misconduct, incompetence, and/or negligence" (ANA, 1979, p. 64).

Under this definition, only persons who have graduated from approved baccalaureate programs would be licensed. Graduates of other nusring programs would be registered.

Registration is defined as:

"A process by which qualified individuals are listed on an official roster maintained by a governmental or non-governmental agency. It enables such persons to use a particular title and attests to employing agencies and individuals that minimum qualifications have been met and maintained" (ANA, 1979, p. 66).

Registered persons are described as "assisting personnel" and would not be accountable for the full scope of nursing practice. The proposal that registration replace licensure for associate degree and diploma nurses is a radical departure from present practice. If the recommendations for licensure and registration are accepted, then statutory changes will need to be made in 50 state nurse practice acts.

In addition to the challenges of titling, entry into practice and credentialing, there are several other challenges to associate degree nursing that will be briefly identified. The first of these is economic constraints.

Economic Constraints

The problem of growing economic constraints includes the gradual loss of nursing capitation dollars, declining student enrollments, inappropriate state funding formulas and mandated student-teacher ratios. These factors require that nursing program administrators and faculty may need to re-examine policies and procedures of nursing education for cost effectiveness. Teaching-learning activities may need to place a greater reliance on educational technology, less on teacher hand labor.

Staff Development

A second additional challenge to associate degree nursing; a challenge to other types of nursing education programs as well, is faculty staff development. Associate degree nursing programs appeared suddenly and grew in number at a very rapid rate. Many nurse faculty were recruited without specific preparation for carrying out this new and complex teaching-learning process. It is the norm that most associate degree nursing programs do not have adequate resources for preparing their faculty and administrators. This problem remains a paramount concern to associate degree nursing. The last challenge that I will describe is the relationship with service and education institutions.

Relationship with Service and Education Institutions

The use of health agencies for student clinical learning experiences has been one of the most difficult educational challenges confronting community college nursing programs. It is not unusual to find several nursing programs in a community, each competing for scarce appropriate clinical learning experience for their students. In addition, as cost-containment in hospital and other health care agencies has become a major governmental concern, more and more of them are re-evaluating the cost-effectiveness of providing education experiences for students without some form of compensation. They are beginning to question traditional assumptions about the economic trade-offs between education and service.

And last, the challenge of articulation with baccalaureate nursing education programs should also be examined. We are living in an age of upward education and career mobility and we must continue to increase opportunities for associate degree nurses to achieve this mobility through

enrollment in baccalaureate programs designed especially for registered nurses as well as in the more traditional four year college and university nursing programs. Many programs designed especially for registered nurses are springing up in every part of the country and nurse faculty in four year nursing programs are becoming increasingly more aware of the educational needs of registered nurse students; so are state legislatures and college presidents.

In summary, the challenges to associate degree nursing which I have described are six in number. They include titling, entry into practice, credentialing, economic constraints, staff development, and relationships with service and education institutions. These challenges are not all-inclusive; however, they may offer a basis for continued discussions here today.

Achievements

We have just concluded a description of some of the challenges facing associate degree nursing education. Let's turn for a moment to consider some of the achievements of associate degree nursing education as reported by recent statistics published by the NLN.

Associate degree nursing education provides a major source of registered nurses. In 1978, 47 percent of all newly licensed graduates were from associate degree nursing programs. Over three quarters of the 308,000 students who graduated from ADN programs since 1953, graduated in the 1970's. Seventy-five percent of employed AD nurses are found in hospital settings.

Associate degree nursing graduates pass the state board examinations for licensure as registered nurses. Eighty-four percent of all ADN graduates who wrote the examination for the first time in July 1977 successfully passed.

Eighty-two percent passed the examination in July, 1978. This compared with eighty-five percent of baccalaureate nurse graduates who passed the 1978 examination. The figures for ADN graduates in Arizona in 1980 is even better; ninety percent passed the state board examination on the first try.

Associate degree nursing graduates are employed. In 1978, only 2.3 percent reported that they were unemployed and looking for work. Over ninety-three percent of newly graduated AD nurses were employed in nursing; 83.8 percent were in full-time positions.

Associate degree nurse graduates work in their communities. In 1978, 71.3 percent were employed in the same county as their residence at the time of licensure. Ninety-three percent were employed in the same state.

So this, then, is a picture of the past and the present of associate degree nursing education. What about its future?

The Future

The kind of future associate degree nursing education experiences depends upon us. It depends upon our determination and ability to resolve the challenges which I have described in this paper.

The continued existence of associate degree nursing education, from my perspective, is almost assured. College presidents, hospital administrators and state legislatures all around the country are encouraging continued development of associate degree nursing programs. They are also encouraging nursing education mobility.

It is apparent that the profession itself is ambivalent about this kind of education. While there is some recognition of the fact that associate degree education is technical education, there is little general

acceptance that its graduates are technicians. Some loudly argue the need for associate degree nursing education, others object to it. Some believe that associate degree nursing education is terminal education; others are fighting vigorously to provide routes to nursing education mobility and increased nursing knowledge and skills.

I do not profess to have the answers to the future of associate degree nursing education. However, I hope that this paper has provided a basis for our continued discussion of these problems here today.

I want to thank you for allowing me the privilege of presenting my views at today's Associate Degree Nursing Celebration.

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